

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

**JASON WEST**

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

**ANTHONY LETIZIO; M.D****JOE WALSH; PHYSICIAN****ASSISTANT**

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>JASON WEST</u>		
All other names by which you have been known:	<u>NONE</u>		
ID Number	<u>GH-6955</u>		
Current Institution	<u>SCI-PHOENIX</u>		
Address	<u>1200 MOKYCHIC DRIVE</u>		
	<u>COLLEGEVILLE</u>	<u>PA.</u>	<u>19426</u>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name	<u>ANTHONY LETIZIO M.D.</u>		
Job or Title ( <i>if known</i> )	<u>SCI-PHOENIX MEDICAL DIRECTOR</u>		
Shield Number	<u>LICENSE NO. OS014724 OSTEOPATHIC MEDICINE</u>		
Employer	<u>WELLPATH / SCI-PHOENIX</u>		
Address	<u>1200 MOKYCHIC DRIVE</u>		
	<u>COLLEGEVILLE</u>	<u>PA.</u>	<u>19426</u>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

## Defendant No. 2

Name	<u>JOE WALSH</u>		
Job or Title ( <i>if known</i> )	<u>PHYSICIAN ASSISTANT</u>		
Shield Number	<u></u>		
Employer	<u>WELLPATH / SCI-PHOENIX</u>		
Address	<u>120 MOKYCHIC DRIVE</u>		
	<u>COLLEGEVILLE</u>	<u>PA.</u>	<u>19426</u>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

**DELIBERATE INDIFFERENCE  
CRUEL AND UNUSUAL PUNISHMENT**

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

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**ATTACH ALL CLAIMS**

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**III. Prisoner Status**

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

**IV. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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**SCI-PHOENIX MEDICAL DEPARTMENT**

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C. What date and approximate time did the events giving rise to your claim(s) occur?

**TUESDAY JANUARY 5, 2023**

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

**ATTACHMENT**

**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

**FOR NON-MEDICAL REASONS DELAY EMERGENCY KIDNEY STONE SURGERY  
EINSTEIN MEDICAL CENTER EMERGENCY ROOM PHYSICIAN MEDICAL CERTAINTY  
PLAINTIFF WAS SUBJECT TO WALK AND SLEEP WITH ABDOMINE PAIN AND  
INFECTED KIDNEYS RESULT IN BLOOD URINE UNTIL MONDAY MAY 15, 2023  
APPROX. 130 DAYS UNTIL SURGICAL PROCEDURE TO REMOVE KIDNEY STONE  
THE UROLOGY SURGEON EXPERT FACT WAS INFECTED KIDNEY  
AND PUT IN PLACE A SECOND STENT; LATER REMOVE.**

**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

**PLAINTIFF REQUEST FOR PUNITIVE DAMAGES AND JURY TRIAL  
FOR ESTIMATED RELIEF OF 350,000.00 DOLLARS.**

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

**SCI-PHOENIX 1200 MOKYCHIC DR. COLLEGEVILLE PA. 19426**

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

**GRIEVANCE 1020348, R.N.S. CALIGIURI RESPONSE : WE ARE AWAITING AN APPT. FROM THE SPECIALIST. IT IS NOT UNCOMMON FOR THERE TO BE A WAITING PERIOD TO SEE A SPECIALIST.**



- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

**SCI-PHOENIX**

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2. What did you claim in your grievance?

**DENIED & DELAY MEDICAL TREATMENT FOR KIDNEY STONE SURGERY**

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3. What was the result, if any?  
 ON 3/14/2023, R.N.S CALIGUIRI ALLEGES SUSPECTED KIDNEY STONE  
 ON 2/9/23, IT IS DOCUMENTED THAT IT IS KNOWN THAT YOU HAVE A  
 STENT PLACED DUE TO HYDRONEPHROSIS EVALUATED BY THE MEDICAL  
 PROVIDER, URINE WAS TESTED AND ANTIBIOTICS WERE ORDERED. ADVISED  
 TO PUSH A LOT OF FLUIDS. AWAITING AN APPT. FROM THE SPECIALIST. (CONT'D)

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

SECRETARY'S OFFICE OF INMATE GRIEVANCE & APPEALS/BUREAU HEALTH  
 CARE SERVICES  
 GRIEVANCE NO. 1020348 & 1020347

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

**INMATE'S REQUEST TO STAFF MEMBER FORM TO MEDICAL C.H.C.A**

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

**VIII. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff

Printed Name of Plaintiff

**JASON WEST**

Prison Identification #

**GH-6955**

Prison Address

**1200 MOKYCHIC DRIVE**

**COLLEGEVILLE**

**PA.**

**19426**

City

State

Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

STATEMENT OF CLAIMS :

1. On Tuesday January 5, 2023, Plaintiff suffer medical emergency, pain in his abdomine to request medical help. Plaintiff went to the prison trauma triage. The medical provider examination order X Ray, those findings order immediate transport to Einstein Montgomery Medical Center

2. The emergency room physician order CT-Scan shown kidney stones and infection. Plaintiff was emergently admit, on Thursday January 7, 2023, had emergency surgery. A urology surgeon had procedure to the kidney for a stent placement.

3. On Plaintiff's discharge instructions Saturday January 9, to follow up with urology within two weeks for the next course of treatment, with antibiotic for the infection.

4. A two week follow up should have been approx. Tuesday January 24, 2023. Those records are review by Defendant Dr. Anthony Letizio, M.D.O. for Wellpath employer in charge of all inmate medical treatment. Includes priority schedule appointments. Especially Plaintiff's kidney

5. Defendant Letizio review discharge instructions he had kidney infection. Plaintiff did not receive emergency surgeon prescription antibiotic for the infection weeks after Letizio final review those instructions. Dr. Letizio has direct contact with Wellpath Urology contractor Dr. Laurence H. Belkoff enter the prison monthly for consultations, recommendations, and follow up appointments.

6. In between the dates of January 24, 2023 two weeks of discharge and finally seen Dr. Belkoff on March 29, the doctor

was available for follow up, prison records show twice before Letizio made decision allow Plaintiff's follow up in the prison. In 81 days, Letizio did not consult with Plaintiff on medical treatment for urology schedule need and/or kidney conditions. For non medical reason Defendant denied Plaintiff proper and urge medical care for his kidney damage.

7. Plaintiff suffer several kidney infections, with severe pain to testis and penal area, sitting, stand pain, walking, lying down, and urine. Plaintiff began to see prison Sick Call repeatedly. On Wednesday February 1, 2023, Plaintiff would see Defendant Walsh, following couple visit with infection.

Plaintiff began to urine blood. Defendant Walsh medical opinion drink more water so it will stop. This as, Plaintiff continue to have infection. The Defendant knew this infection was not controlled with out his properly treat a urinary and kidney damage.

8. Plaintiff did not see contract urology Dr. Belkoff for approx. 81 days after urology surgeon expertise discharge instruction after place a stent in the kidney.

9. On Wednesday April 19, Walsh call for Plaintiff sign the consent for Dr. Belkoff remove his first stent and place a second stent surgery. In this appointment, Walsh knew Plaintiff had all these complications. Had Plaintiff lay back to apply hand pressure around Plaintiff's pelvis asking did it hurt, as Plaintiff groan out loud during each press down.

10. After approx. 130 days, Monday May 15, 2023, the urgent second surgery. Their after his infection and blood urine stop after days. As Friday May 19, 2023, Walsh remove remove the second stent five days after surgery.

## II. DEFENDANTS ACTED UNDER COLOR OF STATE LAW

1. Defendant Anthony Letizio acted under color of state only educated in Osteopathic Medicine and surgery granted by Pa. Board of Medicine license no. OS014724, but actor for Wellpath medical director of operations at SCI-Phoenix to dictate what are medical needs. In this complaint he non medical reason following Einstein Emergency Urology insert a stent to Plaintiff kidney, instruct he follow up urology. That specialist would remove the stent for next course of need to Plaintiff's kidney and infection.

Defendant Letizio reviews all out site medical records with specific instructions and further need of treatment. In Plaintiff's urge need of urology specialist follow up, and instructions for a urology medical need, Letizio acted with motive to deny the urgent medical procedure to remove the stent from Plaintiff's kidney. Letizio not exam Plaintiff during the time of delay/deny urge procedure, cause long term kidney infection. And turn in blood urine with out proper care for non medical reason.

Wellpath has contract Urology Specialist go inside the prison monthly for consultations and follow up. Letizio made decision with motive not have Urologist Dr. Laurence H. Belkoff review Einstein Surgeon to consult for a stent in Plaintiff's kidney have remove and place a second to complete emergency care. Instead Letizio had Dr. Belkoff in the prison several dates with out consult Plaintiff's kidney injury Letizio not proper treat infection and/or as medical director avoid contact



in motive to treat a medical emergency to a vital part of Plaintiff's body would cause failure or death.

2. Defendant Joe Walsh acted under color of state law educated in medicine certified by Pa. Board of Medicine knew Plaintiff had surgery for kidney stones with a stent and suffer kidney infection.

Plaintiff was seen by Walsh at Sick Call for kidney infection. Plaintiff ask Walsh for medical treatment for the continuous infections and need treatment for the pain of the abdominal area and groin. For non medical reasons Walsh denied to properly provide medicine to stop infection reoccurring and pain management for his groin and genitals

As Walsh continue see and knew Plaintiff had kidney infection. Walsh was inform Plaintiff suffer bloody urine. Walsh's medical opinion was drink more water. Plaintiff continuous infection inform of the bloody urine.

When Plaintiff seen Walsh to sign consent for second surgery, Plaintiff still suffer infection and bloody urine. Plaintiff was denied proper medical treatment in motive Walsh did not provide that treatment.

Whereas, Walsh and Letizio did not remove the first stent during being denied proper treatment from January 9, through May 15, 2023.

Jason West

GH-6955

1200 Mokychic Drive  
Collegeville Pa. 19426

U. S. District Court of  
Pennsylvania Eastern  
U. S. Courthouse  
601 Market St.  
Phila. Pa. 19105-1797

U.S.M.S.  
X-RAY

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